## FORM CERTIFICATION OF EDUCATION FOR ACUPUNCTURE

<u>INSTRUCTIONS</u>: Please request your graduating school to submit the required information and mail the completed form to the Board at the address listed below.

reby certified that		(Student's Name)	
	matriculated in		
	from	to	and was granted a
	on		
(Type of Degree)	on	(Date)	
Name of Dean, Registrar	or Director		
Name	<del></del>		Date
Notary or School Seal	is kequirea:		
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Sworn to and subscribed	Delote the this	uay ui	, 20
Notary Public			
Notal y 1 ablic			
My commissions expires			

Please mail your completed form to:

Composite State Board of Medical Examiners ATTN: ACUPUNCTURIST LICENSURE 2 Peachtree Street, NW - 36th Floor Atlanta, Georgia 30303